

Registration Form

WORKSHOP DATE: _____

LOCATION: _____

NAME: _____

SSN: _____

ADDRESS: _____

WORK PHONE: _____

CITY: _____

HOME PHONE: _____

STATE: _____ ZIP: _____

EMPLOYER: _____

EMAIL: _____

Please Check the Appropriate Box(es)

- ☐ ENTERING T-DROP (4:00 PM)
- ☐ RETIREMENT (NOT IN T-DROP) (5:00 PM)
- ☐ RETIREMENT (IN T-DROP) (6:00 PM)
- ☐ BRINGING A GUEST*

*If guest is a member, they must complete a separate registration form to receive information at the workshop. You may copy this form as needed and send with your registration.

ATRS USE ONLY

- ☐ DEATH BENEFIT
- ☐ BENEFICIARY
- ☐ BIRTH CERTIFICATE
- ☐ SOCIAL SECURITY CARD
- ☐ MILITARY RECERTIFICATION